

**PROFESSIONAL LICENSURE DIVISION[645]**

**Adopted and Filed**

**Rule making related to optometrists who prescribe controlled substances**

The Board of Optometry hereby amends Chapter 181, “Continuing Education for Optometrists,” Chapter 182, “Practice of Optometrists,” and Chapter 183, “Discipline for Optometrists,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 124.551A, 147.76 and 147.162.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 124.551A and 147.162.

*Purpose and Summary*

These amendments address the requirements for an optometrist who prescribes a controlled substance, including continuing education requirements, and add discipline that may be imposed for prescribing a controlled substance in dosage amounts that exceed what would be prescribed by a reasonably prudent licensee.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on September 25, 2019, as **ARC 4668C**. A public hearing was held on October 15, 2019, at 10 a.m. in the Fifth Floor Conference Room 526, Lucas State Office Building, Des Moines, Iowa. No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Board on January 9, 2020.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

A waiver provision is not included in this rule making because all administrative rules of the professional licensure boards in the Division of Professional Licensure are subject to the waiver provisions accorded under 645—Chapter 18.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on April 1, 2020.

The following rule-making actions are adopted:

ITEM 1. Amend paragraph **181.3(2)“c”** as follows:

c. Required continuing education hours. Licensees shall provide proof of continuing education in all of the following areas:

(1) Current certification in CPR offered in person by the American Heart Association, the American Red Cross or an equivalent organization. At least two hours per biennium is required but credit will be granted for four hours; ~~and.~~

(2) ~~Proof of current~~ Current CELMO certification. If the licensee does not have current proof of CELMO certification, then the following is required:

1. A combined total of 40 hours required from COPE Category B (Ocular Disease and Management) and COPE Category C (Related Systemic Disease) with a minimum of 14 hours in each category; and

2. Ten additional hours required from any of the COPE Categories of A (Clinical Optometry), B, C and D (Optometric Business Management). Hours obtained in Category D may not exceed 6 hours of the total continuing education hours' requirement.

(3) As a condition of license renewal, a minimum of one hour of continuing education per biennium regarding guidelines for prescribing opioids, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options. Credit will be granted for up to two hours per biennium. These hours may count toward the continuing education hours required from COPE Category B (Ocular Disease and Management) or COPE Category C (Related Systemic Disease). The licensee shall maintain documentation of these hours, which may be subject to audit. If the continuing education did not cover the United States Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, the licensee shall read the guideline prior to license renewal. “Opioid” means any drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

ITEM 2. Adopt the following new subrule 182.4(3):

**182.4(3)** Prior to prescribing any controlled substance, an optometrist shall review the patient's information contained in the prescription monitoring program database, unless the patient is receiving inpatient hospice care or long-term residential facility care.

ITEM 3. Adopt the following new subrule 183.2(31):

**183.2(31)** Prescribing any controlled substance in dosage amounts that exceed what would be prescribed by a reasonably prudent licensee.

[Filed 2/5/20, effective 4/1/20]

[Published 2/26/20]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 2/26/20.